

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027853

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

116

Primary Registration District No.

3020

Registrar's No.

175

STATE FILE NUMBER

FILED JUL 29 1963

VS 300
Rev. 4/59

1 0365

2 0700

3

4 0

5 1

6

7 0

8 1

9 +

10

11

12 2.0

13 5-0

DATE AMENDED

8-9-63

Unknown until autopsy is reported.

DOCUMENT

INSTEAD OF

ITEM NO.

18a

Superior Mesenteric Artery Thrombosis

18b

Arteriosclerosis

Pt. II Arterioneurophrosclerosis

BY AFFIDAVIT OF Attending physician

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington Mo		c. CITY OR TOWN Rhineland, Mo	
Length of stay in 1b 3 Days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Lucy Johanna Stiers		4. DATE OF DEATH Month July Day 20 Year 1963	
5. SEX M	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Rhineland, Mo	
13a. FATHER'S NAME Rudolph Theissen		13b. MOTHER'S MAIDEN NAME Frances Struttman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. James Stiers Hermann, Mo	
17. INFORMANT Parker Stiers		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown-until-autopsy-is-reported-		INTERVAL BETWEEN ONSET AND DEATH 2-3-days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis		5 yrs.	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterioneurophrosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hermann, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 1-22-53 to 7-20-63 and last saw her alive on 7-19-63		Death occurred at 5:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Cavel T. Shaw, M.D.		22b. ADDRESS Hermann, Mo.	
22c. DATE SIGNED 7-20-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-1963	23c. NAME OF CEMETERY OR CREMATORY St. Marcus Cemetery	23d. LOCATION (City, town, or county) (State) Rhineland, Mo
24. FUNERAL DIRECTOR D B Baker New Florence, Mo		25. DATE REC'D BY LOCAL REG. 7/23/63	
26. REGISTRAR'S SIGNATURE Leola C. Widmann			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.